# FORM D

united states 13845 SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6) AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB NUMBER:	3235-0076				
Expires: April 30, 2008 Estimated average burden					
hours per response1.00					

SEC USE ONLY					
		Serial			
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Date R	eceived				
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Filing Under (Check box(es) that apply) Type of Filing:	: □ Rule 504 □ Rule 505 ☒ Rule 506 □ 3 Amendment	Section 4(6) SEEGRAN Processing Spection
	A. BASIC IDENTIFICATION DATA	
. Enter the information requested abou	t the issuer	APR 1 4 7008
Name of Issuer ( Check if this is an	amendment and name has changed, and indicate change.)	AI K
Fletcher Spaght Ventures II, L. P.		Weshington, DC
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
lo Fletcher Spaght, Inc.	222 Berkeley Street, Boston, MA 02116	(617) 247-6700
Address of Principal Business Operation	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
if different from Executive Offices)		
Brief Description of Business		
nvestment fund focused on private equi	ity investments.	
ype of Business Organization		08046735
□ corporation	_ · · · · · · -	other (please specify):
☐ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation		ear 6

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general andmanaging partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director of FSA II, LLC Full Name (Last name first, if individual) Fletcher, R. John **Business or Residence Address** (Number and Street, City, State, Zip Code) 222 Berkeley Street, Boston, MA 02116 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director of FSA II, LLC Full Name (Last name first, if individual) Spaght, Pearson M. **Business or Residence Address** (Number and Street, City, State, Zip Code) 222 Berkeley Street, Boston, MA 02116 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director of FSA II, LLC Full Name (Last name first, if individual) Tufts, Linda T. Business or Residence Address (Number and Street, City, State, Zip Code) 222 Berkeley Street, Boston, MA 02116 □ Director ☑ General Partner Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer Full Name (Last name first, if individual) Fletcher Spaght Associates II, L. P. Business or Residence Address (Number and Street, City, State, Zip Code) 222 Berkeley Street, Boston, MA 02116 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☑ General Partner of General Partner Full Name (Last name first, if individual) FSA II, LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) 222 Berkeley Street, Boston, MA 02116 Check Box(es) that Apply: □ Director ☐ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) Verelst, Lucien Business or Residence Address (Number and Street, City, State, Zip Code) Rue De Creta - CO 3A, 1936 Verbier, Switzerland ☐ General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) West Virginia University Foundation Incorporated **Business or Residence Address** (Number and Street, City, State, Zip Code) One Waterfront Place, P.O. Box 1650, Morgantown, WV 26507-165

				B. INF	ORMATIC	N ABOUT	r offeri	NG				
1. Has the iss	uer sold, o	r does the is	ssuer inten	d to sell, to	non accred	ited investo	ors in this o	ffering?				No ⊠
	Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE.						
2. What is the minimum investment that will be accepted from any individual?										\$ 50,000	<u>)*</u>	
*The General	Partner, in	its sole dis	cretion, ma	ny accept a	lower invest	ment amou	ınt.					
3. Does the c	ffering per	mit joint ov	vnership of	`a single ur	nit?							No □
4. Enter the iremuneration agent of a bropersons to be Full Name (L.	for solicita ker or deal listed are a	ition of pure er registere issociated p	chasers in c d with the ersons of s	onnection SEC and/or	with sales o with a state	f securities e or states,	in the offer	ring. If a po ne of the bro	erson to be oker or deal	listed is a ler. If mo	n associat re than fiv	ed persoror
Lyons, Antho	ny c/o Bea	npot Financ	cial									
Business or R	esidence A	ddress (Nu	mber and S	Street, City,	State, Zip	Code)						
54 Canal Stre	_ ' '											
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Pure	chasers						
		or check ind										All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]
[RI] Full Name (L	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Napoli, Mike Business or R 626 Wilshire Name of Asso	esidence A Blvd., Suit	ddress (Nu e 590, Los	mber and S Angeles, C	<del>-</del>	State, Zip	Code)						
States in Whi		Listed Has S					·				FS1	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[Hi]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L		•	,							<u> </u>		
Polanco, Rich Business or R				Street City	State Zin	Code)						
626 Wilshire Name of Asse	Blvd., Suit	e 590, Los	Angeles, C	-								
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Pur	chasers					ΙŻΙ	All States
(Check :	All State (	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	(ID)
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[[	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indiv	idual)			<del></del>	<del></del>					
Oueeny, Jame	es c/o Hege	mony Adv	isors, LLC									

## 101 Federal Street., Suite 1600, Boston, MA 02110

Name of Associated Broker or Dealer

States in Whi				Intends to						,	⊠ A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H]]	[ID]
(IL)	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NI]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

a c	Enter the aggregate offering price of securities included in this offering and the total amount lready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, heck this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
-	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>0</u>	\$0
	Equity	\$ <u>0</u>	\$_0
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$ <u>0</u>	\$ <u>0</u>
	Partnership Interests	\$ 100,000,000	\$ 52,310,000
	Other (Specify)	\$ <u>0</u>	
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
o tl	Enter the number of accredited and non-accredited investors who have purchased securities in this affering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases in the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	57	\$ <u>52,310,000</u>
	Non-accredited Investors	_0	<b>s</b>
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing urder ULOE.		
S	f this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		<b>\$</b>
	Rule 504		\$
	Total		<b>S</b>
4. 8	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencis. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ <u>N/A</u>
	Printing and Engraving Costs		<b>3</b> \$ 10,000
	Legal Fees		3 \$ <u>150,000</u>
	Accounting Fees	5	<b>3</b> \$ <u>0</u>
	Engineering Fees		\$ <u>N/A</u>
	Sales Commissions (specify finders' fees separately)		3 <u>N/A</u>
	Other Expenses (identify) Blue Sky Filing Fees, telecopy, phone and other miscellaneous expense		\$ 25,000
	Total		\$ 185,000

	C. OFFERING FRICE, NUMBER OF INVESTORS, EXPENSES AND USE	)r r	KOCEEDS		
b	Enter the difference between the aggregate offering price given in response to Part C Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			,	\$ <u>99,815,000</u>
и e	ndicate below the amount of the adjusted grossproceeds to the issuer used or proposed to be sed for each of the purposes shown. If the amount for any purpose is not known, furnish an stimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Question 4.b above.		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	Ø	\$ <u>*</u>	0	\$_0
	Purchase of real estate		\$ <u>0</u>		\$_0
	Purchase, rental or leasing and installation of machinery and equipment		\$_0		\$_0
	Construction or leasing of plant buildings and facilities		\$ <u>0</u>		\$_0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		<b>\$</b> 0		\$ 0
	Repayment of indebtedness	_	\$ 0	_	\$ 0
	Working Capital		\$_0		\$ 0
	Other (specify):		\$ 0	Ø	\$_**
	Column Totals	⊠	\$ *	×	\$ **

Total Payments Listed (Column totals added)

⊠ \$<u>\*\*</u>

**△** \$<u>99,815,000</u>

<sup>\*</sup> Fletcher Spaght Ventures II, L.P. (the "Issuer") has agreed to pay to Fletcher Spaght, Inc. (the "Management Company") an annual fee (the "Management Fee") for performing certain management and administrative services for Issuer initially in an amount equal to 2.5% of the aggregate Subscriptions of all Partners for each fiscal year

<sup>\*\*</sup> Any difference between \$99,815,000 and the Management Fee.

signature constitutes an undertaking by the is		son. If this notice is filed under <u>Rule 505</u> , the following hange Commission, upon written request of its staff, the b(2) of <u>Rule 502</u> .
Issuer (Print or Type)	Signature /	Date
Fletcher Spaght Ventures II, L.P.	Mt	4/9/08
Name of Signer (Print or Type)	Title of Sigger (Print or Type)	
R. John Fletcher	Managing Member of Factor LLC, the	e General Partner of the General Partner of Fletcher Spaght

D. FEDERAL SIGNATURE